

## Appendix A-2 Site Visit Preparation Package

Thank you for your participation in the pretest for HCV Program Administrative Fee Study. We have completed the reconnaissance phase of the study, and are now embarking on a pretest of the methods that will be used in the full cost study. We have selected four high-performing HCV programs to participate in the pretest, of which your agency is one. The purpose of the pretest is to evaluate the feasibility of the approach we have designed for the full national study. Your feedback is extremely important. For the national study we plan to replicate this approach and use it as the basis for developing a new administrative fee formula for the HCV program.

In preparation for our upcoming visits we are providing the quantitative questions so that you can complete the information in advance of the visit. Some of the information we are requesting has already been filled out based on information we received during our Reconnaissance Site Visit to your agency last year. For this information, please confirm that it is accurate or make corrections. If you have any questions, please let the site visitor team know.

[The public reporting burden for this collection of information is estimated to up to be 24 hours for assembling the information and 48 hours for responding to interview questions from the study team over the course of the study. HUD may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB Control Number. The OMB Control Number for this data collection is XXXX-XXXX, expiring on MM/DD/YY. This collection is authorized by 12.U.S.C. 1701z-1, which authorizes HUD to undertake studies of this type.](#)

## Quantitative Data Needed

### Section I. Voucher Allocations and FSS Program

Below is the information we collected during the Reconnaissance site visit. Please verify that the information is correct and up-to-date, or update if needed.

- Please provide the total vouchers allocated and total vouchers under lease for the following voucher types:

Voucher Type	Number Allocated	Number Under Lease
Tenant-Based HCV		
Project-Based HCV		
Homeownership Vouchers		
Family Unification Program		
HUD-VASH		
Conversion Vouchers		
Vouchers for People with Disabilities		
Welfare to Work Vouchers		
Witness Relocation Vouchers		
Tenant Protection Vouchers		
DHAP Vouchers		
Other:		
Other:		

- If PHA operates an FSS program, please confirm:

Number of FSS slots: \_\_\_\_\_

Number of households currently participating in FSS: \_\_\_\_\_

Number of FSS completions in past year: \_\_\_\_\_

Number of households actively accruing escrow: \_\_\_\_\_

**Section II. HCV Program Staffing**

*Below is the information we collected during the Reconnaissance site visit. Please verify that the information is correct, or update if needed.*

3. How many full-time staff (or full-time-equivalents) work on the HCV program? Please verify that the information is correct and up-to-date, or update if needed:

<b>Position</b>	<b>Number of FTEs (could be less than 1)</b>
Director/Deputy Director	
Administrative Assistant/Secretary	
Manager	
Supervisor/Team Leader	
Technical staff (housing specialists)	
Technical staff (inspectors)	
Clerical staff	
Finance staff	
Quality control	
Customer service/call center	
Hearing officer	
FSS Coordinator	
IT	
Human resources	
Other (describe) _____	
Other (describe) _____	
Other (describe) _____	
Total	

4. How are program tasks assigned?

<b>Activity/Task</b>	<b>Who performs it</b>	<b>Notes/comments</b>
Waiting List/ Selection		
Initial eligibility determinations		
Voucher issuance		
Rent reasonableness		
HQS Inspections		
Informal reviews		
Annual recertifications		
Move processing		
Executing HAP contracts		
Processing HAP payments		
Data entry		
Customer service/complaint resolution		
Landlord outreach		
FSS program		
Voucher homeownership		
Case management		
Clerical functions (if PHA has separate clerical support, what functions do they perform)		

### Section III. Transaction Counts

Instructions for completing the Transaction Count Worksheet:

- **Column B:** For each product or activity identified in column A, please provide information on the number of times the transaction has been conducted over the two-month time measurement period (or is expected to be conducted over the two-month time measurement period if data collection is occurring before time measurement).
- **Column C:** If the PHA is not able to provide the counts for the two month period but has counts for some other period of time, such as the past year, please specify the period of time for which the count has been provided.
- **Column D:** Please note the source of information, such as the PHA's system of record.
- **Column E:** Please identify whether separate counts are available for any (or all) of the following household types:
  - Formerly/Currently Homeless
  - Elderly
  - Non-Elderly Disabled
  - Non-Disabled Family (1-5 members)
  - Non-Disabled Family (6+ members)

*If separate counts are available by household type, provide counts for each household type as well as the overall count.*

- **Column F:** Please identify whether separate counts are available for any (or all) of the following program types, in addition to the regular HCV program:
  - Project-Based Vouchers
  - Homeownership Vouchers
  - HUD-VASH
  - Family Unification Program (FUP)
  - Mainstream Vouchers (vouchers for people with disabilities)
  - Non-Elderly Disabled Vouchers (NED)
  - Tenant Protection Vouchers (Public housing demolition/disposition or multifamily conversion)
  - Disaster Voucher Program (DVP)

*If separate counts are available by household type, provide counts for each household type as well as the overall count. If separate counts are not available, indicate which programs are included in the transaction counts provided.*

- **Column G:** Indicates whether there is a field in the HUD 50058 that could be used to generate the transaction count.

**Transaction Count Worksheet**

A Product/ Activity	B Number of Times over Time Measurement Period	C Number of Times per [other time period: SPECIFY]	D Source(s) of Information	E Is count available by household type?	F Is count available by program type?	G Relevant field in HUD-50058
Applications accepted and processed from waiting list						
Number of changes and updates to waiting list (regularly scheduled bulk updates as well as preference changes)						
Number of new admissions interviews conducted						
Number of applicants for which eligibility determination is conducted (includes verification of income, assets, criminal background reports, calculation of annual income)						2h: Date of admission to program; 2a: Type of Action = (1) New Admission
Number of applicants determined to be ineligible						
Number of new admissions issuance briefings conducted (including preparation)						2a: Type of Action = (1) New Admission presumably all have briefings for new admissions but does not take into consideration group briefings
Number of RFTAs processed (all movers - new and transfers)						Line 17n(2): The date the family submitted a request for lease approval (RFLA) to the PHA.

A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
Number of new admissions extension requests processed						
Number of new unit inspections conducted (including re-inspections)						5h: Date unit last passed HQS inspection and 2a: Type of Action = (1) New Admission
Number of rent reasonableness tests conducted (all movers – new and transfers)						
Number of HAP contracts executed						
Number of informal reviews requested						
Number of informal reviews conducted						
Number of community meetings held						
Number of incoming ports processed (all activities from incoming request through initial billing/absorption)						2a: Type of Action = (4) Portability Move-in
Number of outgoing ports processed (all activities from request through initial billing)						2a: Type of Action = (5) Portability Move-out
Number of ongoing portability “billings” processed						
Annual recertification packages mailed						
Annual recertification interviews conducted						
Annual recertifications completed						2a: Type of Action = (2) Annual Reexamination



A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
Move requests processed						5a. Unit address compared to previous year's 5a. Unit address
Move briefings (issuance)						
Extensions requested and processed						
Reasonable accommodation requests received and processed						
Terminations of assistance						2a: Type of Action =(6) End Participation
Informal hearing requested						
Informal hearings conducted						
Interim recertification requests						
Interim recertifications completed						2a: Type of Action =(3) Interim Examination
File corrections processed						2c: Correction? (Y or N)
Landlord meetings/ workshops						
Annual inspections conducted including re-inspections						5i: Date of last annual HQS inspection
Complaint inspections conducted including re-inspections						
Emergency inspections conducted including re-inspections						
Quality control inspections conducted including re-inspections						
Abatements placed						
Abatements lifted						

A	B	C	D	E	F	G
Product/ Activity	Number of Times over Time Measurement Period	Number of Times per [other time period: SPECIFY]	Source(s) of Information	Is count available by household type?	Is count available by program type?	Relevant field in HUD-50058
FSS households enrolled						2k: FSS participation now or in last year? (Y or N)
FSS households exited (successful or terminations)						17m. FSS exit information (1) Did family complete contract of participation? (Y or N)
HCV homeownership households enrolled						
HCV homeownership closings						
Quality control file reviews conducted						
Number of other quality reviews conducted						
PIC submission, error monitoring and correction						
VMS submission and reconciliation						
EIV required report monitoring						
EIV debts owed update activity						
Check run review /HAP authorization process						
Number of cases reviewed for fraud or program violations						
Number of repayment agreements executed						
Number of cases of recapture of overpaid HAP						

**Section IV. Program Costs and Overhead Costs (Will be conducted at a separate site visit which will be at later date from the earlier portions)**

This section focuses on collecting information on all costs of operating your HCV program. We will review this information during a site visit, and collect additional information. It will be easier for you if you collect and submit the attached information in advance.

**Background Information**

*This section includes information from the Reconnaissance site visit. Please confirm or update.*

1. Cities/Counties Served by PHA: \_\_\_\_\_
2. Jurisdiction Square Miles: \_\_\_\_\_
3. HCV-Only or Combined Program: \_\_\_\_\_
4. Two-Bedroom FMR: \_\_\_\_\_
5. Two-Bedroom FMR Percentile in Nation: \_\_\_\_\_
6. Payment Standard %: \_\_\_\_\_
7. Voucher Utilization Rate: \_\_\_\_\_
8. Budget Utilization %: \_\_\_\_\_
9. Software System: \_\_\_\_\_

**PERSONNEL COSTS CHART**

PERSONNEL COSTS CHART							Salary Assignment				
Employee Name/ID	Position	Salary (without benefits)	Benefits	Total Compensation (w/benefits)	Hours per Week	Percent of Time Spent on HCV Program	HCV	COCC	Low Rent Projects	Other Programs	Other PHAs
	Executive Director										
	Deputy Director										
	Supervisor/Team Leader										
	Housing Specialist										
	Inspector										
	Clerical Staff										
	Finance Staff										
	Quality Control										
	Customer Service/Call Center										
	Hearing Officer										
	FSS Coordinator										
	IT										
	Human Resources										
	Other: _____										

10. What employee benefit types are provided by the PHA that are included in the benefits amount in the table (e.g., health, retirement, life insurance, etc.)?
- a. What percent of the health insurance premium is covered by the PHA for employees? For dependents?
  - b. Are there other employee benefit costs associated with the HCV program that are not reflected in the benefit amounts in the table, such as post employment benefits for employees that are no longer active? If so what are the employee benefit costs associated with the HCV program are reported in the table?

11. How do you determine the overhead charges made to the HCV program (select one):

- through a fee-for-service (COCC) arrangement as allowed by HUD under Asset Management? (*Go to Q3*)
- through a cost allocation system as directed by HUD under the rules of asset management? (*Go to Q4*) OR
- through a cost allocation system but not using the requirement of HUD's allocated overhead as required under asset management? (*Go to Q5*)

12. If overhead costs are charged through a fee for service (COCC) method, how is the fee rate determined?

- a. For a HCV management fee, HUD allows a maximum rate of \$12.00 per leased voucher or 20% of HUD's administrative fee.
  - What option and rate is the PHA using? \_\_\_\_\_
  - How/why did the PHA choose this option and rate? \_\_\_\_\_
  - What was the latest annual HCV management fee that was charged to the HCV program? \_\_\_\_\_
- b. For a HCV bookkeeping fee, HUD allows a maximum rate of \$7.50 per leased voucher.
  - Is the HCV program charged a bookkeeping fee and at what rate? \_\_\_\_\_
  - How/why did the PHA choose this rate? \_\_\_\_\_
  - What was the latest annual HCV bookkeeping fee that was charged to the HCV program? \_\_\_\_\_

- c. Is this management / bookkeeping fee more than, lower than, or about the same of the overhead costs charged to the HCV program prior to the establishment of a COCC?
- d. Is the PHA’s COCC producing a net income or net loss?
- e. Can you please provide last year’s COCC balance sheet and income statements and the current COCC budget to actual income statement?

13. Does local or state government or another third party provide additional services or direct funding to specifically supplement the administrative fees of the HCV program?

- Yes
- No

a. If yes, who provides the services or direct funding?

14. Other than your independent auditor, software vendor, or office supply vendors, **do you use other contractors, consultants, or other PHAs to provide services for the direct operation of the HCV program?** If so, for what services do you contract? Please check the services that apply and provide a description of the services that are provided and whether the service is provided by a contractor/consultant or another PHA. Please describe the billing arrangements and provide the actual costs incurred for those services in the reporting period.

Service	Service(s) Provided and Provider(s) of Services	Billing Arrangement (for Services Provided by Other PHAs)	Total Cost Charged to HCV Program [Reporting Period]
<input type="checkbox"/> Computer system maintenance			
<input type="checkbox"/> Computer training or support to help PHA staff better use office or program software			
<input type="checkbox"/> Inspections (if so, is it for all inspections or a portion of inspections?)			
<input type="checkbox"/> Activities related to opening the waiting list and receiving and inputting applications.			
<input type="checkbox"/> Maintaining the rent reasonable database.			
<input type="checkbox"/> Fee accountant (not auditor) to supplement PHA accounting staff.			
<input type="checkbox"/> Legal counsel			

<b>Service</b>	<b>Service(s) Provided and Provider(s) of Services</b>	<b>Billing Arrangement (for Services Provided by Other PHAs)</b>	<b>Total Cost Charged to HCV Program [Reporting Period]</b>
<input type="checkbox"/> Transportation services			
<input type="checkbox"/> HR or payroll services			
<input type="checkbox"/> Technical expertise (HCV Program)			
<input type="checkbox"/> Preparing the PHA plan or 5-year administrative plan			
<input type="checkbox"/> Preparing the 50058 submission			
<input type="checkbox"/> Printing or mailing recertification packages			
<input type="checkbox"/> Printing or mailing inspection letters			
<input type="checkbox"/> Translation services			
<input type="checkbox"/> Criminal background checks			

- a. If any of the contracts listed above were also for other programs besides the HCV program, please specify the contract and how the cost charged to the HCV program was determined.

15. Does any staff of your PHA, from the Executive Director down, provide any services to other PHAs or other entities? Check all that apply. For each service checked who is receiving the service? How is your PHA reimbursed for the service that is provided (e.g., flat fee, unit price, other in-kind services etc.)? Provide the actual amount earned for the provision of these services for the reporting period.

<b>Service</b>	<b>Who is the service provided to?</b>	<b>Billing Arrangement</b>	<b>Total Fee Earned by the HCV Program [Reporting Period]</b>
<input type="checkbox"/> Computer system maintenance			
<input type="checkbox"/> Computer training or support to help PHA staff better use office or program software			
<input type="checkbox"/> Inspections (if so, is it for all inspections or a portion of inspections?)			
<input type="checkbox"/> Activities related to opening the waiting list and receiving and inputting applications.			
<input type="checkbox"/> Maintaining the rent reasonable database.			

Service	Who is the service provided to?	Billing Arrangement	Total Fee Earned by the HCV Program [Reporting Period]
<input type="checkbox"/> Accounting/finance (not auditor) to supplement PHA accounting staff.			
<input type="checkbox"/> Legal counsel			
<input type="checkbox"/> Transportation services			
<input type="checkbox"/> HR or payroll services			
<input type="checkbox"/> Technical expertise (HCV Program)			
<input type="checkbox"/> Preparing the PHA plan or 5-year administrative plan			
<input type="checkbox"/> Preparing the 50058 submission			
<input type="checkbox"/> Printing or mailing recertification packages			
<input type="checkbox"/> Printing or mailing inspection letters			
<input type="checkbox"/> Translation services			
<input type="checkbox"/> Criminal background checks			

**Direct Costs of the HCV Program Other than Personnel Costs**

***Office Building Costs***

16. What is the approximate square footage of space used by the HCV program, including file storage?

17. Does the HCV program own its own building or does it rent space?

18. If the HCV program OWNS the building:

a. If the PHA owns its own building purchased through debt, what is the annual principal and interest payment?

b. Does the HCV program pay PILOT on this building and if so how much is the annual PILOT payment?



- c. If the HCV program owns its own building does it rent out space to other PHA programs or other outside entities? If so, what is the rent charged?
- d. If the HCV program owns its own building, does the building have extra capacity that is not being leased to other programs or outside entities?

19. If the HCV program RENTS the building, how much is the annual rent charged?

20. What utility types (i.e., water, sewer, electric, gas) are charged to the HCV program?

21. What is the annual cost for each utility type and how are these costs determined?

### ***Building Maintenance and Upkeep***

22. How is the HCV program charged for maintenance and upkeep costs (building/office repairs, maintenance expenses, grounds, janitorial services, garbage, etc) that are associated with the building?

23. What are the average annual costs associated with capital expenses of the building and grounds that are charged to the HCV program?

24. What if any was the cost of retrofitting office access security due to EIV compliance requirements?

### ***Security Costs***

25. Are costs charged to the HCV program for security for the PHA office?

26. Who provides the security (PHA employees or contract) and what security service are provided?
  
27. What is the annual cost of security charged to the HCV program and how are these costs determined?

***Vehicle Costs***

28. Does the HCV program have any automobile and trucks? If so how many vehicles are in the fleet used by the HCV program?
  
29. Who uses the vehicles and for what purpose(s)?
  
30. Does the HCV program own or lease/rents these vehicles?
  
31. If the HCV program leases/rents the vehicles what is the annual lease payment?
  
32. If the HCV program purchases its vehicles, what is the typical cost (at purchase) of a vehicle?
  
33. If the HCV program purchases its vehicles, how many years on average does the HCV program keep the vehicle?
  
34. What are the annual costs associated with the HCV vehicle fleet?

***Insurance Costs***

35. What insurance costs are billed directly to the HCV program?

- Property Insurance
- Liability Insurance
- Worker's Compensation
- Other Insurance (1) \_\_\_\_\_
- Other Insurance (2) \_\_\_\_\_
- Other Insurance (3) \_\_\_\_\_

***HCV Program Audit Costs***

36. What was total cost of PHA's last audit?

37. What was the cost of the audit charged to the HCV program?